

UAS Post-Flight ReportInstructions: You must complete this form and return it to special.events@ogs.ny.gov within 72 hours of the UAS operation or immediately if reporting an Accident or Adverse Event.

Section 1: Operator Information							
Name			Pilot License # (If operating under the authority of a RPI	Pilot License # (If operating under the authority of a RPIC, indicate the RPIC name and License #)			
Address							
Email			Phone Number	Phone Number			
Sec	tion 2: Flight Details						
Date	e	Time am pm	Location			Altitude	
Flying over people? — Yes No If yes Please attach copy of FAA waiver							
Ope	Operating under Yes No If yes Please attach copy COA/333/Part 107?						
Was	there any deviation from the	original UAS request (date, dura	tion, location, etc.)? — Yes No If yes	→ Ple	ase describe below	
Section 3: Accidents or Adverse Events							
Please indicate if any of the following occurred.							
				t Link Events	Oth	Other Accident/Mishap	
	On-Board Flight Controls			Lost link of operator control		Bird Attack/Interference	
	Navigation Systems			Lost link of ground telemetry		Damage to property other than UAS	
	Powerplant failure in flight			Lost link of payload telemetry		Substantial damage to UAS	
	Fuel System failure			Fly-away resulting in flight termination		Total loss of UAS	
	Electrical System failure			Execution of preplanned lost link procedure		Serious injury	
	Control station failure			Execution of unplanned lost link procedure		Fatal injury	
	In-flight fire			Other:		Other:	
	Aircraft collision involving a	another aircraft		None		None	
	Deviation from COA						
	Other:						
	None						
	ovide additional informa		rences:				
S (6)	.don 4. Operator s signatu						
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Prin	nted Name		Sig	gnature		Date	